

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Peng Cho TANG et al.

Title: METHODS FOR TREATING
DISEASES AND DISORDERS
RELATED TO UNREGULATED
ANGIOGENESIS AND/OR
VASCULOGENESIS

Appl. No.: 09/333,703

Filing Date: 06/16/1999

Examiner: A. Spiegler

Art Unit: 1637

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JUL 09 2002

TECH CENTER 1600/2900



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TC 1700

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	15	20	0	x \$18.00	= \$0.00
Independents:	5	3	2	x \$84.00	= \$168.00
First presentation of any Multiple Dependent Claims:			+	\$280.00	= \$0.00
CLAIMS FEE TOTAL:					= \$168.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$278.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$278.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$278.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$278.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

June 27, 2002

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By

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 Beth A. Burrous
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